

fissure, running from the abscess to the posterior surface of left thigh. A large sloughing ulcer of four inches in diameter took the place of the abscess and wound, at the same time sloughing also commenced in the bed-sores.

By order of Dr. Bartholow, poultices of yeast and charcoal were applied to the inflamed surface and to the ulcers, the oil of turpentine twice per day, by means of a piece of lint shaped exactly like the surface of the ulcers, and saturated with turpentine; the borders of ulcers were protected with sweet oil. The turpentine arrested the sloughing, appeared to dissolve the slough and detach it from the healthy tissue. After the fourth application granulations were seen on the whole surface of ulcers, turpentine was then discontinued, and equal parts of alcohol and water substituted as a dressing. The fissure was injected with a solution of permanganate of potassa; this soon healed it; excessive granulation was controlled with a solution of nitrate of silver (40 grs. to  $\frac{3}{4}$  of water); quinine, a good diet and a bottle of porter every day were given. Patient is nearly well now.—*The Cincinnati Lancet and Observer*, Oct. 1864.

*Sixty-six Cases of Lithotomy.*—Prof. C. A. POPE, publishes (*St. Louis Med. and Surg. Jour.*, Sept. and Oct. 1864) a table of sixty-six cases of lithotomy, with eighty-six calculi removed. His method has been generally the single lateral, which has usually sufficed for the removal of the calculi. In but three instances in the male, he found it necessary to resort to the bilateral method. In females, on the contrary, he resorted to it exclusively, directing the incisions upward and outward. In but one instance, he says, has he been compelled to perform the high or supra-pubic operation. In that patient, a young man 22 years old, the stone had existed from infancy, and was very large. Even this opening did not suffice for the removal of the foreign body, as it was firmly impacted in the bones, filling the whole pelvis. "I was compelled to make the lower section also, and being thus enabled to quarry, as it were, through and through, I succeeded in extracting by piecemeal the whole mass. The fragments saved weighed three ounces, five and a half drachms, with quite as large a quantity of sand, which could not be collected, and was lost. The case was regarded as extremely unfavorable, but an operation affording the only hope of life, it was willingly accepted. The patient sank, on the third day, from the shock of the operation, reaction not having taken place.

"One patient was operated on by the high and low methods at the same time, on account of a very large stone, while but one other required secondary lithotomy. For a year after the first operation, he was entirely free from all symptoms of stone. Three years subsequently I removed from him three other calculi, which, although of the same chemical constitution as the first, have a very different appearance, and are much harder.

"With the exception of the first two cases, in which I used the single lithotome *à la* Frère Côme, I have operated altogether with the simple scalpel. It is unquestionably, I think, the simplest and best instrument.

"It has not been my custom to institute any special preparatory treatment of my patients for the operation. When there was any marked fever, or other untoward symptom, I would of course delay for a few days; but in nearly every case, I have seen the patient one day and operated the next. The best and speediest way to give relief is to remove the source of trouble. Prior to the operation, as is usual, I order a dose of castor oil over night, to clear the bowel, and, at the time of its performance, always introduce the finger into the rectum, with the double object of assuring myself of its being empty, and of provoking it to contraction, so as to be as far as possible out of the way of the knife. When the staff is reached in the perineum, the assistant who holds it, hooks it well up under the arch of the pubes, in order to afford more space for the operator between it and the posterior wall of the urethra, and to draw the parts away from the rectum.

"In no case have I had serious hemorrhage attending the operation, and never applied a ligature but in one instance. In one patient there was a troublesome secondary hemorrhage on the ninth day, in consequence of the extraction of a very large stone, causing ulceration of the wound, which extended into the rectum, the bleeding being from the bowel.

"In but a single instance was there a wound of the rectum, and this was not made by the knife, but resulted from a slight tear in the extraction of a very rough and jagged mulberry calculus. The patient was restless, and the stone was not evenly seized by the forceps. A small recto-vesical fistula continued for some time, but finally closed.

"In three cases only was there union of the wound by the first intention—one in a child of 5 years; the second in a physician 49 years of age, in whom the water ceased to escape by the wound in two hours after the operation. In the third case, an Irishman, thinking himself well, walked two miles on the third day succeeding the cut—no harm whatever ensuing.

"Of the sixty-six cases, there was but one occurring in the negro race. This fact would seem to confirm the prevalent idea, that this race is much less subject to calculous disease than the white.

"Although a subject of inquiry, I have not found that the kind of water used by the patients had much influence in determining the formation of calculus. It has seemed to result quite as often from the exclusive use of rain water as of that from wells or fountains.

"The extreme ages of my patients have been eighteen months for the youngest, and sixty years for the eldest.

"The mortality has been four out of the sixty-six cases, or one in sixteen and a half. This good result is not claimed to be owing to any peculiar skill in operating, but is attributable rather to the favourable ages of my patients. A large majority of these were children, in whom death, after lithotomy, is the exception."

In four cases, foreign bodies formed the nuclei of the calculi, as previously known—sections of the others not having been made for further research in this respect. In one case the foreign body came from within, being a sequestrum from the acetabulum, the result of morbus coxarins. In three cases, the foreign bodies came from without. These were, respectively, given in the notes to the table. In the case of the darning needle, the little patient, then only eight years old, did not introduce it through any lasciviousness; but amusing himself with a playfellow in throwing streams of urine upon each other, he inserted the needle with the idea of sticking his antagonist with it, as a sort of elongated shot from his water battery. Contrary to his expectations, it passed backwards instead of forward. Although suffering intensely for years, he did not, through fear or shame, reveal the cause until a short time previous to the operation.

The chemical composition of the calculi has been inferred from their physical characters only, an accurate analysis and report of the same being reserved for a future contribution promised by Professor A. Litton.